development of post-operative hypotension and hypertension were calculated using a random-effects model.

Results: Outcomes of 432 patients were studied. Local anaesthetic blockade of the carotid sinus was associated with a pooled odds ratio of 1.25 (95 per cent c.i. 0.496 to 3.15); $p=0.216$) and 1.28 (95 per cent c.i. 0.699 to 2.33; $p=0.428$) for the development of post-operative hypotension and hypertension respectively. Although none reach significance there was a trend towards increased risk of developing a complication in those patients who received local anaesthetic.

Conclusions: There are insufficient data to determine the role of intra-operative local anaesthetic administration in reducing post-operative blood pressure lability following CEA. Conversely, the possibility of harm cannot be excluded on the basis of the currently available data.

Medical Therapy for Intermittent Claudication

Rowlands T.E., Donnelly R. Eur J Vasc Endovasc Surg 2007;34:314-21.

Medical therapy to improve symptoms, stabilise the underlying vascular disease and improve lower limb outcomes is an important and effective adjunct to lifestyle modification and surgical or endovascular interventions in patients with IC. Randomised placebo controlled trials have shown that the phosphodiesterase III inhibitor cilostazol 100 mg bid improves pain-free and maximum walking distance, as well as quality of life, in a range of patients with intermittent claudication in whom there is no evidence of tissue necrosis or rest pain. This review summarises the evidence from 8 pivotal trials of cilostazol involving over 2000 patients with intermittent claudication treated for up to 6 months. There is comparatively less evidence to support the use of other treatment modalities for relief of symptoms in intermittent claudication, but there is considerable interest in therapeutic angiogenesis to promote new vessel formation and enhance collateralisation of the lower limb using recombinant growth factor proteins or gene transfer strategies. The rationale for therapeutic angiogenesis is discussed, together with the most recent results from randomised trials in patients with peripheral arterial disease.

Supervised Exercise Training for Intermittent Claudication: Lasting Benefit at Three Years

Ratliff D.A., Puttick M., Libertiny G., Hicks R.C.J., Earby L.E, Richards T. Eur J Vasc Endovasc Surg 2007;34:322-6.

Objectives: To assess the long-term outcome of supervised exercise training for intermittent claudication.

Methods: A prospective study was undertaken of all patients referred to a single centre with intermittent claudication (>46 m). Patients underwent supervised exercise training twice weekly for 10 weeks, with regular follow-up to 3 years. Actual Claudication Distance (ACD), Maximum Walking Distance (MWD) and ankle-brachial pressure indices (ABPI) were measured.

Results: In 202 patients the initial median ACD and MWD were 112 m and 197 m. Following exercise therapy both the median ACD and MWD increased to 266 m and 477 m at three months, increases of 237% and 242% respectively ($p<0.001$). At three years the median ACD and MWD were 250 m and 372 m, increases of 223% and 188% respectively ($p<0.001$). There was no significant change in ACD or MWD at 3 months compared to 1, 2 or 3 years. ABPI remained unchanged throughout.

Conclusions: Supervised exercise training has long term benefit in patients with intermittent claudication. Results seen at 12 weeks are sustained at three years.

Randomised Trial of Polytetrafluoroethylene Patch Insertion for Recurrent Great Saphenous Varicose Veins

Winterborn R.J., Earnshaw J.J. Eur J Vasc Endovasc Surg 2007;34:367-73.

Objectives: The aim of this study was to assess the possible value of a polytetrafluoroethylene (PTFE) patch in the treatment of recurrent varicose veins.

Methods: Thirty-one patients (40 legs) with recurrent saphenofemoral junction incompetence were randomised to redo saphenofemoral ligation and great saphenous vein stripping with, or without the insertion of a PTFE patch over the ligated junction. Patients underwent assessment preoperatively, and at 6 weeks, 1 year and 2 years postoperatively with clinical examination, duplex imaging and completion of the Aberdeen Varicose Vein Symptom Severity Score (AVVSSS).

Results: A total of 27 patients (32 legs) attended for assessment at 6 weeks, 25 patients (30 legs) at 1 year and 27 patients (32 legs) at 2 years. At 6 weeks, seven legs (22%) had an area of cutaneous numbness; all but one had resolved by 1 year. Four legs (13%) developed a groin infection, which required antibiotics, 2 had a groin haematoma and four had a seroma, all of which resolved spontaneously. The overall complication rate was 35% (11 legs), with no statistically significant difference between the groups. Four of 16 legs without a patch and five of 16 legs with a patch developed neovascularisation at the saphenofemoral junction on duplex imaging by two years postoperatively. Two cases of neovascularisation in the patch group and one in the no patch group directly resulted in clinical recurrence ($p=1.0$). There was an improvement in patients' AVVSSS two years postoperatively ($p<0.03$), that was similar in both groups.

Conclusions: In this study, insertion of a PTFE patch did not affect the rate of perioperative complications and it did not appear to contain neovascularisation.